



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
205 JEFFERSON STREET, P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)
FORM 2.0S STACK INFORMATION

SHADED AREAS FOR OFFICE USE ONLY

FACILITY NAME	FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA
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PLEASE NOTE
USE THIS FORM ONLY IF A POINT HAS MORE THAN ONE STACK.
PROVIDE ALL THE STACK INFORMATION THAT IS READILY AVAILABLE.

POINT NO.	AIRS ID-PT	SOURCE CLASSIFICATION CODE (SCC)	SEG. NO.	FOR A NON-CIRCULAR STACK: DIAMETER = $(1.128A)^{1/2}$ (A = CROSS SECTIONAL AREA IN SQ. FEET)
STACK NO.	AIRS ID-ST	HEIGHT (FT)	DIAMETER (FT)	
TEMPERATURE (F)	VELOCITY (FT/MIN)	FLOW RATE (CU FT/MIN)	LIST OTHER POINTS SHARING THIS STACK.	
STACK NO.	AIRS ID-ST	HEIGHT (FT)	DIAMETER (FT)	
TEMPERATURE (F)	VELOCITY (FT/MIN)	FLOW RATE (CU FT/MIN)	LIST OTHER POINTS SHARING THIS STACK.	
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INSTRUCTIONS

FORM 2.OS STACK INFORMATION

This form may be used if a facility reports a point with two or more stacks or vents. Form 2.0 has space allocated to describe only one stack or vent. Form 2.OS will be used to describe stack or vent characteristics for all but the first exit to the ambient air. Complete a separate Form 2.OS for each emission point with more than one stack or vent. Attached sheets also may be used to supply the same information.

Complete **Facility Name**, **FIPS County Number**, **Plant Number** and **Year of Data**.
See Form 2.0 instructions.

The **Point Number**, **AIRS ID-Pt**, **Source Classification Code (SCC)** and **Seg No.** will be the same as on form 2.0. The Form 2.0 directions for Section 2, Stack/Vent Parameters apply to the remaining portion of this form.